

Keeping New Jersey Healthy



Governor Christie announced that the Department of Health is seeking proposals to add up to 864 adult inpatient psychiatric beds during a visit to Renaissance House in Newark on Jan. 31.



Gov. Christie and Commissioner Bennett participated in a roundtable discussion with patients at Renaissance House following the announcement.

Department Calls for Proposals to Add 864 Acute Psychiatric Beds

By Cathleen Bennett, Commissioner
New Jersey Department of Health



As part of Governor Chris Christie’s comprehensive plan to stem New Jersey’s opioid public health crisis, the Department of Health issued a Certificate of Need (CN) call earlier this month for 864 new adult inpatient acute psychiatric beds.

The beds can be added to existing acute care or psychiatric hospitals licensed by the Department, or any health care provider can apply to open a new inpatient psychiatric facility or create an inpatient psychiatric wing in an existing health care facility. For the CN application, guidance document and attachments, visit http://nj.gov/health/legal/cn_call.shtml.

The beds are for individuals with mental health or co-occurring mental health and substance abuse disorders. Approximately 7.9 million U.S. adults have both mental health and substance abuse disorders, according to a survey by the federal Substance Abuse and Mental Health Services Administration. A 2016 Healthcare Cost and Utilization Project Report cites a study finding that one in eight Emergency Department visits in the U.S. involves behavioral health and substance abuse disorders.

In New Jersey, Emergency Department visits increased by 117,000 between 2014 and 2015, and nearly 54,000 of those cases included a mental health or substance abuse disorder diagnosis, according to the New Jersey Hospital Association.

Priority consideration will be given to health facilities that focus on:

- A regional approach across multiple counties or regions
- Investment in Warren, Salem and Cape May counties where there are currently no inpatient psychiatric beds
- Innovative treatment options for those with both mental health and substance abuse disorders
- Inpatient and outpatient services

Proposals are due on May 1, 2017 and must document financial viability to invest in creating beds. The additional beds must be operational within two years. Up to 5 percent of the beds must be used for Medicaid patients and another 5 percent for those who are uninsured.

The proposal, representing a nearly 40 percent increase in the adult psychiatric beds currently licensed by the Department, is the first such CN in nearly 20 years. It is part of a comprehensive strategy Governor Christie outlined in his State of the State message to create the most aggressive response in the country to the opioid crisis.

continued on page 3

Inside this Edition

Population Health Heroes	2
PEOSH Plan Certification	3
Cervical Health	4
Telehealth Award	4
Black Infant Mortality	5
Chronic Disease Plan	6
National Wear Red Day	7
Community Outreach	8
National Black HIV/AIDS Awareness Day	9
Maternal Mortality	10
New Jersey EMSC	11
Cancer Matters	12

Population Health



Population Health



#PopHealthNJ

Check out this Population Health video created by the Department.

NJ Seeks Population Health Heroes

The New Jersey Department of Health and NJ's Population Health Action Team (PHAT) are seeking applications for the first Population Health Heroes Awards to recognize the state's innovative leaders who are making system, policy and environmental changes that improve health.

"Across the state, there is incredible work being done to keep the well healthy, support those at risk for health problems and prevent those with chronic conditions from getting sicker," Health Commissioner Cathleen Bennett said. "The goal of these awards is to discover and showcase the work of an individual, group, business, municipality, county, faith-based or other community organization that has successfully implemented a program or intervention that has made a measurable difference in health outcomes for our residents."

Last September, eight state Departments — including six Christie Administration cabinet members — joined community partners in nutrition, health and wellness, social services, education, housing, transportation and the environment at New Jersey's first Population Health Summit to strategize how to improve health in all policies. The PHAT is made up of members of the Governor's cabinet from Health, Agriculture, Children and Families, Community Affairs, Environmental Protection, Human Services, Education and Transportation. The team has created and advanced policies that build healthy communities and improve health outcomes, and coordinated nutrition and fitness and lead exposure in children as two key improvement areas.

The Population Health Heroes Awards will be given in six categories: Individual/Clinician; Municipal/County Organization/Coalition; Health Care Provider Institution; Community/Faith-Based Organization; Private Sector Institution/Organization; and Multi-Stakeholder Collaboration. Applications are due March 22, 2017 and are available [here](#). Winners will be announced at the 2017 Population Health Summit in June.

Population health initiatives focus on improving health outcomes through coordination among traditional and non-traditional partners. Efforts can target specific populations such as employees in a business, patients served by a health care provider, residents of a community or people with specific diseases like diabetes or obesity within a community or faith-based group.

The application and criteria for the New Jersey Department of Health 2017 Population Health Hero Award were modeled after the 2017 Hearst Health Prize. We thank the College of Population Health at Thomas Jefferson University and Hearst Health for allowing the New Jersey Department of Health to adapt its work as a guiding template.

Submissions that are not focused primarily on a New Jersey-based population will not be considered. Only programs which are active or completed within the past year will be considered.

Click [here](#) for more information.



Gov. Christie called on the state's hospitals to expand access to drug and alcohol abuse treatment during remarks at Cooper University Medical Center on Jan. 24.

Commissioner's Message, continued from page 1

The Governor has called on the state's hospitals to expand access to drug and alcohol abuse treatment.

"All the insurance coverage in the world won't matter if we don't have a bed to put that person in. If we don't have a group of healthcare providers to give them the tools they need to recover from their addiction," the Governor said during a recent visit to Cooper University Medical Center.

He signed into law his life-saving reform that limits opioid prescriptions to five days and requires state-regulated health plans to cover the first four weeks of inpatient or outpatient substance abuse treatment without prior authorization by insurers. It would also mandate additional coverage for up to six months if medically necessary.

As part of an executive order declaring the opioid epidemic a public health crisis, the Governor also created a Task Force on Drug Abuse Control. It includes the Attorney General and the Commissioners of Banking and Insurance, Children and Family Services, Correction, Education, Health, and Human Services. We are charged with identifying barriers, reducing obstacles and developing and executing a comprehensive strategy to combat opioid addiction.

The Governor also launched a "Help is Within Reach" public awareness campaign and 24/7 Helpline at 1-844-ReachNJ for instant drug addiction related help. For more information, visit <http://nj.gov/governor/reachnj/>.



Health Commissioner Bennett and OSHA Region-2 Area Director Robert Kulick signed the MOU on Feb. 17 to develop more effective and efficient communication between the agencies.

DOH & OSHA Sign MOU; PEOSH Plan Receives Certification

On Feb. 17, the Department of Health and the U.S. Labor Department's Occupational Safety and Health Administration (OSHA) signed a Memorandum of Understanding Agreement (MOU) to develop more effective and efficient communication between the agencies and to enhance cooperation on common interest areas. The MOU, signed by Commissioner Bennett and OSHA Region-2 Area Director Robert Kulick, provides the foundation for data sharing, exchanging compliance assistance information, staff training and collaboration during emergency events. This agreement will assist each agency in its mission of protecting the health and safety of New Jersey's workforce.

OSHA recently certified New Jersey's State Plan, developed by the Department's Environmental and Occupational Health Assessment Program, for protecting the safety and health of more than 530,000 state and local government workers and the millions of New Jersey residents they serve. Final certification of the plan, also known as the Public Employees Safety and Health Program, was awarded on Jan. 22, 2016. States and territories can establish plans that cover only state and local government workers - those who are excluded from federal coverage. New Jersey, along with 27 other states, are committed to maintaining State Plan Programs that are as effective as federal OSHA. Achieving this milestone for New Jersey's state and local government helps to ensure workers such as police officers, firefighters, nurses and teachers who protect the health and safety of residents are able to effectively perform their duties.



(From left to right) Keith Bobrowski, PEOSH Supervisor; Gary Centifonti, Acting Program Manager of the Environmental & Occupational Health Assessment Program; and Gary Ludwig, Director of the Communicable Disease Service.

DOH Recognizes January as National Cervical Health Awareness Month

Great progress has been made in reducing cervical cancer deaths, with a more than 50 percent decrease in the last 30 years. However, the American Cancer Society estimates about 12,820 new cases of invasive cervical cancer will be diagnosed and about 4,210 women will die from it in 2017. In New Jersey, there were 1,949 new cases of invasive cervical cancer diagnosed among women and 622 cervical cancer deaths from 2009-2013.

Cervical cancer is a highly preventable and curable disease. One preventative step is to have regular screening tests (Pap tests) starting at age 21 and follow-up visits with your doctor.

The New Jersey Cancer Education and Early Detection (NJCEED) Program provides cancer screenings for low-income uninsured residents. NJCEED has screened over 50,000 unduplicated women for cervical cancer between 2012 and 2016. A total of 36 invasive cervical cancers were diagnosed and treated for the same period, and 264 cases of precancerous cervical lesions identified and treated.

Human Papillomavirus (HPV) is the main risk factor for cervical cancer. Another way to reduce risk is to get the HPV vaccine. The Centers for Disease Control and Prevention recommends 11 to 12 year olds get two doses of HPV vaccine. HPV vaccine is recommended for young women through age 26 and young men through age 21.

As a part of Cervical Cancer Awareness Month, health providers and local health agencies hosted events promoting awareness including education events at Head Start programs and community centers.

For more information about NJCEED screening locations, visit <http://www.nj.gov/health/cancer/njceed/>.



Telehealth includes telepsychology, telepsychiatry, telebehavioral health, e-counseling, e-therapy, online therapy and cybercounseling.

DOH Grants Virtua \$290,000 Telehealth Award

The Department of Health in January awarded Virtua Health a \$290,000 telehealth grant that is assisting veterans who need access to primary and behavioral healthcare services but may face mobility or transportation challenges. By coordinating care with Oaks Integrated Care, Legacy Treatment Services and InSight Telepsychiatry, Virtua is offering primary and behavioral health visits conducted via online technology. Stigma, negative ideas about seeking help, a lack of access due to geography and transportation issues make it difficult for veterans to visit a doctor in person. Some medical conditions such as depression, anxiety, post-traumatic stress disorder, brain and spinal cord injuries and other psychiatric disorders further complicate the ability for travel. Telehealth can ease the burden by offering long-distance virtual care to veterans while they remain in a comfortable environment. If veterans have other needs such as housing, employment or transportation, Virtua seeks to connect them to appropriate services.

DOH Workgroup Identifies Black Infant Mortality, Cancer and Obesity as Key Improvement Areas

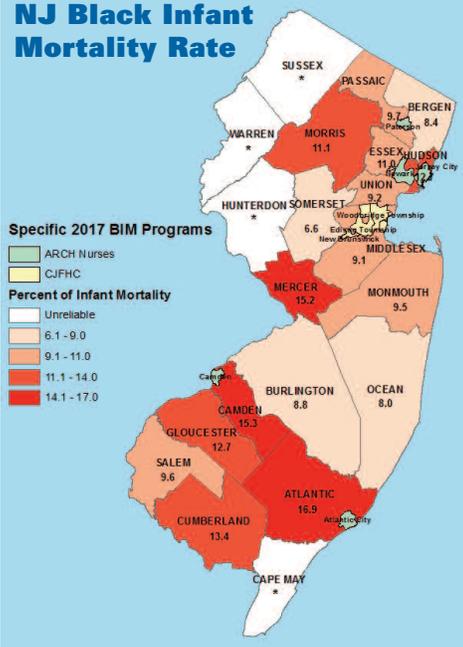
Reducing health disparities among New Jersey residents is an overarching goal of the Department of Health and its 2016-2018 strategic plan. Significant differences in health and wellness between one population and another affect rates of disease incidence, prevalence, morbidity, mortality or survival rates. Many different populations are affected by disparities including racial and ethnic minorities, residents of rural areas, women, children, the elderly and individuals with disabilities.

An interdepartmental stakeholder workgroup began addressing health equity in 2016 by assessing, prioritizing and managing health disparities. The group reviewed definitions for health disparity, health equity, social determinants of health, vulnerable populations and the Department’s definition of population health to frame its objective. Population health focuses on keeping healthy New Jerseyans well, preventing those at risk from getting sick, and keeping those with chronic conditions from getting sicker. Population health promotes prevention, wellness and equity in all environments, resulting in a healthy New Jersey.

The workgroup identified black infant mortality (BIM), cancer and obesity as conditions with the greatest urgency, need and opportunity for improvement. Strategies to address BIM include: pinpointing counties with the highest rates, reviewing reduction programs to ensure resources are devoted to areas in greatest need, identifying gaps and reviewing all state and Department programs and initiatives that impact black infant mortality rates. The following programs/initiatives were identified:

- Improving Pregnancy Outcomes Initiative (IPO) - focuses on 13 counties to eliminate the disparity using community health workers.
- Newborn Screening Program – NJ law requires all babies be screened for disorders that can lead to health problems.
- Access to Reproductive Health Care and HIV Services Program (ARCH) – perinatal HIV transmission prevention.
- Safe to Sleep® and the SIDS Center of New Jersey focuses on helping babies sleep safely and reducing the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.
- Central Jersey Family Health Consortium (CJFHC) - “A Healthy Baby Begins with You” Preconception Peer Educator model targets high school and college-age students to train as peer educators and qualified health ambassadors.
- NJ Vaccine Preventable Disease Program (VPDP) – provides access to vaccines for the uninsured and underinsured.
- Infant Mortality Collaborative Improvement and Innovation Networks (IM CollIN) - state-driven Health Resource and Services Administration (HRSA) partnership that accelerates improvements in infant mortality.
- Healthy Start – a variety of community-based programs designed to decrease infant mortality, low birth weight and racial disparities in perinatal outcomes by implementing the Healthy Start strategies of consortium, case management and outreach services in a culturally and linguistically sensitive manner.
- Perinatal and Postpartum Depression and Perinatal Addictions in Reproductive and Perinatal Health Service
- Special Child Health and Early Intervention Services - includes resources and services to help ensure the healthiest outcomes for all babies and children.
- EMS training to educate parents and caregivers about noticeable unsafe situations such as objects in cribs that could lead to infant suffocation.

2000 - 2014 NJ Black Infant Mortality Rate



Stakeholders Meet to Advance Chronic Disease State Plan



Deputy Commissioner Dr. Arturo Brito (L) and Robert Schwaneberg (R), policy advisor to the Governor for health care, at the “Partnering for a Healthy New Jersey” conference at St. Peter’s in New Brunswick.



Melita Jordan, senior executive service director for community health and wellness, highlights progress made on chronic disease and self-management initiatives.



Carolyn Daniels, Executive Director of DOH’s Office of Minority and Multicultural Health, at the conference on Jan. 31.

Robert Schwaneberg, policy advisor to the Governor for health care, addressed stakeholders at the fifth “Partnering for a Healthy New Jersey” statewide conference on Jan. 31 in New Brunswick. Emphasizing the role of partnerships in building a healthy New Jersey, Schwaneberg highlighted examples ranging from Governor Christie’s Facing Addiction Task Force to the Population Health Summit, an interagency collaborative launched last fall by the Department of Health. He called on attendees to help reach the goals of Healthy New Jersey 2020 by the end of the decade and highlighted the critical need to integrate primary and behavioral health services for everyone, including children.

Saint Peter’s University Hospital hosted the event. Leslie Hirsch, president of Saint Peter’s Healthcare System, welcomed the 110 partners from throughout New Jersey who are working together to advance New Jersey’s five-year Chronic Disease Prevention and Health Promotion Plan. Launched in 2013, the plan is now in its fourth year.

Deputy Commissioner Dr. Arturo Brito and Melita Jordan, senior executive service director for community health and wellness, highlighted progress made on recommendations from the work groups that have provided a framework for implementing evidence-based population health prevention programs and environmental strategies. These include the Diabetes Action Plan, Worksite Wellness, Early Care and Education, cancer screening, and an ongoing breastfeeding initiative in which 11 hospitals in the state have achieved Baby-Friendly® status. This designation is awarded to hospitals for implementing policies and practices that encourage mothers to exclusively breastfeed.

Dr. Brito emphasized the seven “winnable battles” identified in the five-year plan as the public health priorities for the planning process moving forward. These modifiable risk factors will continue to guide the development of evidence-based strategies and interventions with a focus on health in all policies. They include increasing physical activity and early detection; improving nutrition, environmental health and access to health care; eliminating tobacco use; and enabling self-management.

In thanking the partners for a productive information exchange during the meeting, Jordan focused on next steps for reconvening the work groups. The goals are to continue addressing priorities for reducing the burden of chronic disease and to sustain the ongoing work to make New Jerseyans healthier.

According to the Centers for Disease Control and Prevention’s National Center for Chronic Disease Prevention and Health Promotion, chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly and preventable of all health problems in the United States. The NCCDPHP has called upon all states and territories to strengthen and better coordinate activities within health departments and in the community aimed at preventing chronic diseases and promoting health.

DOH Recognizes the 14th Annual National Wear Red Day



Commissioner Bennett and Department of Health staff wear red to promote women's heart health and heart disease awareness.



Drumthwacket, Governor Christie's official residence in Princeton, illuminated in red to recognize National Wear Red Day and the Go Red movement.

February 3, 2017 marked the 14th Annual National Wear Red Day and Department employees dressed in red to promote women's heart health and heart disease awareness.

Heart Disease remains the leading cause of death among women in New Jersey and the United States. In 2015, heart disease killed 9,291 women and 9,356 men.

The American Heart Association created the "Go Red for Women" initiative to raise awareness of heart disease & stroke as the number one killer of women, to empower women to take charge of their heart health.

Every year, New Jersey businesses, schools, towns, organizations, clubs and other locations do their part in celebrating National Wear Red Day. Drumthwacket, Governor Christie's official residence in Princeton, illuminated in red to recognize National Wear Red Day and the Go Red movement.

Residents can reduce risks of getting heart disease by eating a healthy diet, maintaining a healthy weight, getting enough physical activity, avoiding tobacco use and limiting alcohol intake.

To learn more about heart disease and risk factors associated with heart disease, visit https://www.cdc.gov/dhdsdp/data_statistics/index.htm.

For more information on the American Heart Association's Go Red for Women, visit www.goredforwomen.org.

Congratulations to:

Shereen Semple, was named Director of the Office of Local Public Health in January. Shereen began at the New Jersey Department of Health 13 years ago as an infectious and zoonotic disease epidemiologist in the Communicable Disease Service (CDS). Over time, Shereen served as the Vectorborne Disease Program Coordinator and Ebola team lead, overseeing disease surveillance and response programs in areas such as West Nile virus and Ebola virus disease. In 2015, Shereen led CDS's Lassa fever investigation, and in 2016, she led the Zika virus disease response before leaving to oversee special projects for Deputy Commissioner Dr. Arturo Brito in the Public Health Services Branch. Prior to her time with the Department, Shereen worked in local health as the county epidemiologist for Salem and Cumberland.

Shereen holds a master of science degree from the University at Albany's School of Public Health where she focused on public health data and quantitative analysis. Shereen is very excited to work with the talented team in the Office of Local Public Health and Division of Public Health Infrastructure, Laboratories and Emergency Preparedness. Her top priorities include enhancing communication between the Department and its local partners, using data to drive public health programs and promoting population health initiatives.



Community Outreach & Events

January - February 2017



From left to right: Pam Hasegawa, founder of the New Jersey Coalition for Adoption Reform and Education, Commissioner Bennett and Senator Joe Vitale at the adoption event on Jan. 9.

- January 9** Commissioner Bennett joined Senator Joe Vitale at an event at the State House to highlight the Department's implementation of the new adoption law.
- January 28** Commissioner Bennett spoke about DOH priorities to the Commerce and Industry Association of New Jersey at Holy Name Medical Center in Teaneck.
- January 31** Deputy Commissioner Dr. Brito and Director of the Community Health & Wellness Unit Melita Jordan spoke at the Department's Partnering for a Healthy NJ meeting at St. Peter's University Hospital in New Brunswick.
- January 31** Commissioner Bennett joined Gov. Christie at a roundtable discussion with Renaissance House clients in Newark.
- February 7** Commissioner Bennet attended the NJ Human Development Corporation's National Black HIV/AIDS Awareness Day ceremony in Trenton.
- February 16** Commissioner Bennett spoke at NJ Healthy Communities Network grantees meeting in Princeton.



Jeopardy host Alex Trebek and Lisa Schlitt (Jeopardy Productions, Inc.)

Congratulations to:

Lisa Schlitt, microbiologist, competed on Jeopardy! in the fall and her series of wins was broadcast this month. Lisa, who currently works at the New Jersey Department of Health in the Public Health Labs as part of the BioThreat Response Laboratory, competed in seven games total, winning six of them for a total of \$141,000.

"It happened very fast, and most of it was blur. I can say that playing on the actual show is a lot harder than watching from home-the buzzer is a killer!" Lisa explained. "Sometimes everyone is trying to ring in at once, and it comes down to just a fraction of a second."

Department Mails 2,350 Adoptee Birth Records

The Department of Health has so far mailed about 2,350 copies of birth certificates to adoptees who requested records under New Jersey's new adoption law. The new law allowed birth parents to submit redaction requests and omit personal identifying information such as their names and addresses from birth certificates of child(ren) they placed for adoption up until Dec. 31, 2016. Until Jan. 1, 2017, a court order was required to receive these documents.

There are about 300,000 sealed records in a secure room at the Department in Trenton of children who were placed for adoption as far back as 1940. A careful analysis is involved in searching the sealed birth records and checking them against adoption decrees and redaction requests to ensure the Department provides accurate records while honoring privacy requests of birth parents. In August 2015, the Department began implementing the new adoption law signed by Governor Chris Christie in 2014.



There are about 300,000 sealed records in a secure room at the Department in Trenton of children who were placed for adoption as far back as 1940.

Commissioner Marks National Black HIV/AIDS Awareness Day



Commissioner Bennett joined the New Jersey Human Development Corporation to recognize Feb. 7 as National Black HIV/AIDS Awareness Day.



Rev. Stanley Justice, CEO of the New Jersey Human Development Corporation, and Commissioner Bennett at Greater Mt. Zion AME Church in Trenton on Feb. 7.

In an effort to encourage African American residents to protect themselves from HIV and promote awareness throughout the community, Commissioner Bennett joined the New Jersey Human Development Corporation (NJHDC) on Feb. 7 to recognize the 17th annual National Black HIV/AIDS Awareness Day.

The National Black HIV/AIDS Awareness Day commemoration event took place at The Great Hall and Community Center at Greater Mt. Zion AME Church in Trenton. The NJHDC is a non-profit organization of the African Methodist Episcopal Church that provides communities with knowledge, skills and services to help prevent and control HIV.

“Although we have made great progress in reducing transmissions of HIV, residents are still becoming infected with a preventable disease,” Commissioner Bennett said. “Minority communities are disproportionately affected, and African American residents represent 50 percent of those currently living with HIV/AIDS in the state.”

There are approximately 37,300 people living with HIV in New Jersey. Minorities account for 79 percent of all cases in the state. Eighty-eight percent of pediatric cases living with HIV/AIDS are minorities.

While there is still work to be done to ensure everyone knows how to protect against HIV, significant progress has been made within the black community. African Americans are more likely than other races and ethnicities to report that they have been tested for HIV at least once: 68 percent versus 55 percent for Hispanics/Latinos and 37 percent for whites, based on data from the New Jersey Behavioral Risk Factor Survey.

The New Jersey Department of Health supports testing and services for those living with HIV or at risk for the disease. Nearly 87,000 free, confidential rapid HIV tests were administered in the state last year at more than 150 locations. Approximately 6,600 HIV patients receive HIV-related medications through the New Jersey AIDS Drug Distribution Program annually.

Last year, the Department started a pilot Pre-exposure prophylaxis (PrEP) program with counselors working to coordinate services in high-risk communities to help protect against HIV infection. PrEP is a way for individuals who are at substantial risk of acquiring HIV to prevent infection by taking a pill every day. Through state and federal funding, the program has now expanded to 24 PrEP counselors who work in HIV clinics, federally qualified health centers (FQHC), community-based organizations that serve gay and bisexual men, and other sites around the state.

For information on PrEP counseling or HIV testing sites, visit <http://bit.ly/2ls7ori> or call 1- 800-624-2377.

Rate of Maternal Deaths Decreases, Report Shows



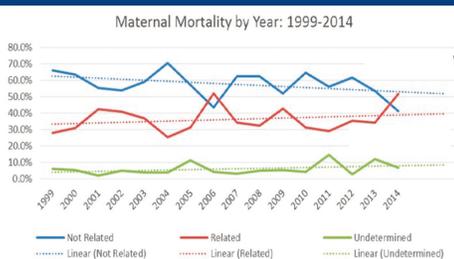
The most recent NJ Trends in Maternal Mortality Review showed that the overall rate of maternal deaths has decreased, but pregnancy-related maternal death cases have increased. The 2009-2014 review, provided by the New Jersey Maternal Mortality Case Review Team (CRT), showed that there was a total of 254 maternal deaths, and of them, 93 were pregnancy-related. Rates of pregnancy-related deaths more than doubled over the last 25 years with rates increasing from 7.9 per 100,000 births in 1987 to 15.9 per 100,000 births in 2012.

The leading pregnancy-related causes of death were cardiac (14%), pregnancy-related cardiomyopathy (10.8%), embolism (8.6%), septic shock/sepsis (7.5%) and cerebral hemorrhage (7.5%).

Rates were especially high among African American women, who accounted for 43% of all maternal deaths and 48.4% of the 93 pregnancy related cases. Of the 93 pregnancy-related deaths, 26.9% were White, 14.0% were Hispanic, and 7.5% were Asian women. Among pregnancy-related deaths, a greater proportion of women were overweight or obese (54.9%) compared with not pregnancy-related deaths (48.6%). Drugs are the top cause of maternal death among non-pregnancy related deaths.

According to the Centers for Disease Control and Prevention, the increase in maternal deaths may be related to both the increased quality of data collection through the electronic identification of deaths from multiple sources and to the increase in chronic conditions that are related to pregnancy complications.

To view the full report, please visit <http://bit.ly/2kQuu7R>.

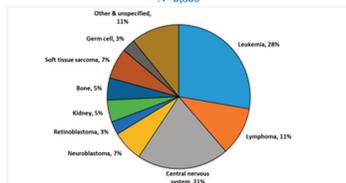


NJ's Childhood Cancer Trend Data Shows Improvement in Survival Rates

Cancer in children is rare, accounting for about 1 percent of all cancers. Despite its rarity and great improvements in treatment and supportive care, cancer is still a leading cause of death in children ages 5 to 14 years old, second only to accidents. There are about 465 newly-diagnosed cases of childhood cancer and about 50 deaths due to childhood cancer in New Jersey annually. Leukemia, lymphoma, cancer of the central nervous system and neuroblastoma account for more than half of all childhood cancers diagnosed each year in New Jersey and the U.S. New Jersey has seen significant declines in childhood cancer mortality rates for white, black and Hispanic children from 1979-2013. For each of these groups, the mortality rates have dropped by half over this time period. Childhood cancer survival rates have improved greatly over the past several decades. Nationally, the five-year survival rate for all childhood cancers combined has increased from 60 percent to 86 percent. The improvement in survival is largely attributable to new and better treatments and to the high proportion of pediatric patients participating in clinical trials.

The Department's latest childhood cancer report can be found here <http://bit.ly/2jrqw4l>. It includes cancer incidence and mortality statistics from 1990-2013 as well as long term trends from 1979-2013 for New Jersey infants and children up to age 19. Statistics by type of cancer, gender, race, ethnicity, age group and county as well as comparisons between New Jersey and the U.S are included. New to this report is the addition of Asian/Pacific Islander as a race group and Hispanics as an ethnic group, both of which were not included in previous reports due to insufficient data.

Figure 1.1-Incidence Distribution by Cancer Type in New Jersey, Ages 0-14, 1990-2013, N=6,860



New Jersey EMSC: Using Innovation to Keep Children Safe



Shore Medical Center Emergency Department Physician Dr. Hitesh Shah secures an airway of an infant in simulated respiratory failure during the ImPACTS exercise on Feb. 3.

Children respond differently than adults – physically, emotionally and psychologically – to illness and injury. That’s why simulation technology can be a useful tool in anticipating the needs of our pediatric population and addressing challenges before they arise in emergency situations.

On Feb. 3, the Department’s Emergency Medical Services for Children (EMSC) program partnered with the Yale School of Medicine’s [ImPACTS \(Improving Pediatric Acute Care Through Simulation\)](#) project to assess the quality of pediatric acute care in the Emergency Department at Shore Medical Center in Somers Point. Dr. Marc Auerback, associate professor of pediatrics and emergency medicine at Yale, is evaluating how simulation-based interventions and quality improvement processes improve clinical and procedural success on real patients. During the exercise, three teams were challenged with managing a critically ill infant during three, 20-minute scenarios.



Dr. Megan Lavoie, (top left) attending physician in the Department of Emergency Medicine at The Children's Hospital of Philadelphia, and Gary Ackerman (far right), Simulation Educator at Virtua Health EMS, watch closely as Shore Medical Center Emergency Department staff care for a critically ill infant during the simulated exercise.

The national EMSC program aims to reduce childhood death and disability due to severe illness or injury. In 1992, New Jersey became the first state to enact EMSC legislation at the state level, leading the way to improving the care of pediatric populations in pre-hospital settings as well as in the emergency department. Over the years, New Jersey EMSC has developed prehospital provider training, disaster preparedness programs for childcare centers and training for emergency department staff.

Nearly two decades later, with an increased focus on reducing child and youth mortality and morbidity caused by severe illness or trauma, the EMSC program launched the “Emergency Department Education through Simulation” program in 2009 to ensure all emergency departments are capable of caring for the most critically ill and injured pediatric patients. A related simulation loan program has offered technically advanced pediatric simulation to hospitals and EMS educational facilities across New Jersey. For example, Inspira Health Network’s simulation loan program represents a unique partnership that developed at the ground level from an empty patient room and has expanded to a community-supported simulation center that is now used for annual training of hospital medical staff. Inspira also engaged community support and sponsorship to build an extensive simulation center to practice child birth and other pediatric health areas.



During the exercise, three teams were challenged with managing a critically ill infant during three, 20-minute scenarios.

In an effort to involve youth, EMSC also recently launched the Andy Ambulance Injury Prevention and EMS Education program that provides education to children. Topics include safety practices to avoid injuries (wearing helmets), distinction between major and minor injuries, and education on when it is crucial to call 911, mom and dad, or neighbors and friends for help. Through a partnership with the New Jersey Safe Kids campaign, EMSC has also been able to distribute more than 600 car seats to those in during child passenger safety inspections.

“The New Jersey EMSC program has influenced an entire spectrum of medical professionals by targeting the delicate and specialized processes of ensuring the safety and well-being of our children and adolescents,” EMSC program manager Eric Hicken said. “To help fulfill our mission, making adjustments in EMSC is critical to saving lives because the scope of medical assistance given to children is far different than adults.”

'Cancer Matters'
Brought To You By:

RUTGERS

Cancer Institute
of New Jersey

Dr. Steven K. Libutti Named as New Rutgers Cancer Institute of New Jersey Director and Vice Chancellor for Cancer Programs, Rutgers Biomedical and Health Sciences

Aiming to further propel scientific discovery as well as augment and expand comprehensive cancer services for patients through collaborative efforts with Rutgers and RWJBarnabas Health, Steven K. Libutti, MD, FACS, has been named as the new Director of Rutgers Cancer Institute of New Jersey and will serve as Vice Chancellor for Cancer Programs for Rutgers Biomedical and Health Sciences at Rutgers University. Dr. Libutti is the third permanent director in the 25-year history of Rutgers Cancer Institute of New Jersey and has taken over the role from Bruce G. Haffty, MD, who served as interim director and is continuing his role as Chair of Radiation Oncology. In addition to his leadership roles within Rutgers University, Libutti also serves as Senior Vice President of Oncology Services for RWJBarnabas Health, further strengthening the university's partnership with the healthcare system.

A surgical oncologist, Libutti is an internationally known expert in endocrine surgery and the management of neuroendocrine tumors. He is the immediate Past President of the American Association of Endocrine Surgeons. His clinical practice focuses on gastrointestinal malignancies including cancers of the liver and pancreas. The recipient of funding from the National Cancer Institute (NCI) for the past 20 years, Libutti is also a researcher whose work focuses on developing novel cancer therapies through an understanding of the tumor microenvironment and blood vessel formation in tumors.

In partnership with RWJBarnabas Health, Libutti will be recruiting researchers and clinicians to build laboratory sciences, clinical research, and expand cancer services across the RWJBarnabas Health network to meet community and academic needs for inpatient and outpatient activities. These faculty and leadership recruitments along with infrastructure investments will total more than \$100 million in investment in Rutgers Cancer Institute of New Jersey.

Libutti, previously served as Director for the Montefiore Einstein Center for Cancer Care in New York City and Vice Chairman of the Department of Surgery and Professor in the Department of Genetics at Albert Einstein College of Medicine and Montefiore Health System. A graduate of Harvard College, Libutti received his MD from the Columbia University College of Physicians and Surgeons. Following his residency in surgery, he completed a fellowship in Surgical Oncology and Endocrine Surgery in the Surgery Branch of the NCI and was ultimately a tenured Senior Investigator and Chief of the Tumor Angiogenesis Section in the Surgery Branch, NCI.

